Referral Essentials

Elements that make a good referral

All referrals

**Px details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name | Date of Birth | NHS number | GP details |
| Address | Telephone | Email | Additional needs |

**Referrer details**

|  |  |  |  |
| --- | --- | --- | --- |
| Optom Name | GOC number |  |  |
| Practice Name | Address | Telephone | Email |

**Referral summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for referral | Clinic type | Urgency | HES site preferred |
| Summary statement for GP – e.g. notification only or action required by GP | | | |

**General Info**

|  |  |  |  |
| --- | --- | --- | --- |
| POH | Px Rx | V or VA | Pinhole if VA poor |
| GH | Meds | Allergies | FHx |

Select referrals

**Specifics by area**

|  |  |  |
| --- | --- | --- |
| Glaucoma:   * IOP (applanation) * VF (attached) * AC angle * Disc assessment * Disc images/OCT (if poss) * Risk factors * Refraction | Cataract:   * VA/pinhole * Rx * Previous Rx/VA if available * Any notable Rx shift * Symptoms/QoL * Dilated fundoscopy * Refractive aims | Suspect swollen discs:   * Symptoms * VA * Pupils * Monocular colour vision * OMB/motility * VF * Disc assessment |
| Adult Cornea:   * Rx * VA * Corneal description * Keratometry/topography if suspect kerataconnus * If encroaching visual axis * CL Hx/POH | Macula:   * VA and pinhole if poor * Symptoms * Amsler * Macular description * Images/OCT | Paeds:   * VA * Refraction (cyclo if poss) * If suspect squint then CT, motility, stereopsis, corneal reflexes * Birth/Development & FHx |

**Specifics by test**

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| --- | --- | --- |
| **Visual Acuity** | | |
| Unaided (if applicable) | Spec Rx | VA |
| Pinhole if poor VA | Previous Rx if aids referral |  |

|  |  |  |
| --- | --- | --- |
| **IOP** | | |
| IOP reading | Instrument used | Time of day |

|  |  |  |
| --- | --- | --- |
| **Fields** | | |
| Test performed | Description of findings | Copy attached |

|  |  |  |
| --- | --- | --- |
| **Disc** | | |
| vCD ratio | Disc size | NRR description |
| Colour | Cup depth | Vessel concerns |

|  |  |  |
| --- | --- | --- |
| **Macula** | | |
| Description | Drusen | Pigment |
| Haemorrhages | Fluid/exudate | Amsler |

|  |  |  |
| --- | --- | --- |
| **Vitreous** | | |
| Tobacco dust | Weiss ring | Asteroid hyalosis |
| Posterior vitreous face | VMA/VMT | Lattice/peri degeneration |

|  |  |  |
| --- | --- | --- |
| **Retina** | | |
| Physiological variations | Tears/holes | Pigmentation |
| Drusen | Diabetic/Vascular | Other chorio/retinopathy |

|  |  |  |
| --- | --- | --- |
| **Lids/lashes** | | |
| Lid malposition | Blepharitis | Lumps/bumps |

|  |  |  |
| --- | --- | --- |
| **Anterior Eye** | | |
| Cornea | Conjunctiva | Tear film |
| Anterior chamber | Iris | Lens |

|  |  |  |
| --- | --- | --- |
| **Any Lesion** | | |
| Location | Size | Colour |
| Morphology | Edges | Associations |

Triage and History Taking Considerations

**A picture containing diagram

Description automatically generated**

Management Considerations

Is it imminently life or sight threatening?

* Yes – Emergency to EyeCas or A&E
* No – next question

Is urgent care required?

* Yes – refer to EyeCas (ophthalmic) or A&E/GP (systemic)
* No – next question

Is there sufficient justification for referral? (see referral criteria)

* Yes – refer routinely, identify relevant clinic/HES, attach all necessary information
* No – consider monitoring/discharge

Note:

* There are risks and benefits to any intervention
* Treatment funding under NHS follow stringent guidelines
* Not all treatments are funded by NHS

Final Referral Checklist

* Correct px details ?
* Is referral required ?
* Correct clinic ?
* Correct HES choice ?
* Correct level of urgency ?
* Have you clearly identified your reason for referral ?
* Have you provided all relevant evidence for your referral ?
* Have you attached all necessary attachments